

# DEPARTMENT OF TREASURY

## PROCESS RECEIPT AND RETURN

|                                     |                                       |
|-------------------------------------|---------------------------------------|
| Plaintiff: UNITED STATES OF AMERICA | Court Case Number: 04-CR-544          |
| Defendant: KUN FUK CHENG            | Type of Process: Forfeiture - Service |

SERVE AT: (Name of Individual, Company, Corporation, etc. to be served or Description of property to Seize: (Address: street or RFD, Apt. No., City, State and Zip Code):

Gee Yuk Yeung, P.O. Box 481, Lake Katrine, New York 12449

Send notice or service copy to requester at Name and Address below:

GLENN T. SUDDABY, United States Attorney, NDNY  
218 James T. Foley Courthouse  
445 Broadway  
Albany, New York 12207

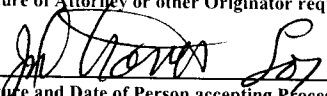
Number of Processes to be Served

Number of Parties to Served

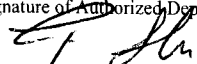
Check box if service is on USA

Special Instructions or Other Information that will assist in expediting service (includes business and alternate addresses, telephone numbers and estimated times available for Service:

Please serve the following: A certified copy of the Preliminary Order of Forfeiture and the Notice of Publication and Forfeiture

|   |                                |                               |                 |
|---|--------------------------------|-------------------------------|-----------------|
| Signature of Attorney or other Originator requesting service on behalf of:<br><br>/Thomas A. Capezza, AUSA | (X) Plaintiff<br>( ) Defendant | Telephone No.<br>518-431-0247 | Date<br>2/14/06 |
|---|--------------------------------|-------------------------------|-----------------|

### SPACE BELOW FOR USE OF DEPARTMENT OF TREASURY

|  |                              |                             |   |                 |
|--|------------------------------|-----------------------------|---|-----------------|
| I acknowledge receipt for the total number of process indicated. | District of Origin No. _____ | District to Serve No. _____ | Signature of Authorized Dept. of Treasury Agency Officer<br> | Date<br>2/15/06 |
|--|------------------------------|-----------------------------|---|-----------------|

I HEREBY CERTIFY AND RETURN THAT I ( ) PERSONALLY SERVED. ( ) HAVE LEGAL EVIDENCE OF SERVICE. ☒ HAVE EXECUTED AS SHOWN IN 'REMARKS', THE PROCESS DESCRIBED ON THE INDIVIDUAL, COMPANY, CORPORATION, ETC., AT THE ADDRESS SHOWN ABOVE OR ON THE ADDRESS INSERTED BELOW

( ) I HEREBY CERTIFY AND RETURN THAT I AM UNABLE TO LOCATE THE INDIVIDUAL, COMPANY, CORPORATION, ETC. NAMED ABOVE.

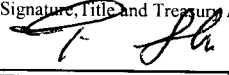
Name and Title of individual served if not shown above. ( ) A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address: (complete only if different than shown above)

Date of Service  
2/16/06 - Certified Mail

Time of Service ( ) a.m.  
( ) p.m.

Signature, Title and Treasury Agency

 Special Agent IRS-CI

#### REMARKS:

A certified copy of the Preliminary Order of Forfeiture and notice of Publication and forfeiture were sent by certified Mail on 2/16/06 to Gee Yuk Young at the address listed above.

7005 0390 0005 8339 5924

|  |         |   |
|--|---------|---|
| <b>U.S. Postal Service™</b><br><b>CERTIFIED MAIL™ RECEIPT</b><br><small>(Domestic Mail Only; No Insurance Coverage Provided)</small> |         |   |
| <small>For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a></small>                          |         |   |
| LAKE KATRINE, NY 12449   |         |   |
| Postage  | \$ 1.11 | UNIT ID: 0616<br><br>Postmark Here<br><br>Clerk: KJA2DC<br><br>02/16/06 |
| Certified Fee  | 2.40    |   |
| Return Receipt Fee<br>(Endorsement Required)   | 1.85    |   |
| Restricted Delivery Fee<br>(Endorsement Required)  |         |   |
| Total Postage & Fees   | \$ 5.36 |   |
| See To: <i>See Yuk Young</i><br>See Address: <i>Box 481</i><br>City, State, ZIP+4: <i>Lake Katrine NY 12449</i>                      |         |   |
| <small>PS Form 3800, June 2002 See Reverse for Instructions</small>  |         |   |

16050046 01702

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Dee Yuk Young  
PO Box 481  
Franklin, NY  
12449

## 2. Article Number

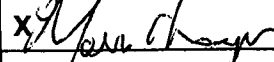
(Transfer from service label)

7005 0390 0005 8339 5924

PS Form 3811, February 2004

**COMPLETE THIS SECTION ON DELIVERY**

## A. Signature

☐ Agent☐ Addressee

## B. Received by (Printed Name)

Mark S. Peterson

## C. Date of Delivery

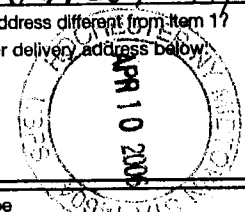
4/10/05

D. Is delivery address different from item 1?  
If YES, enter delivery address below.☐ Yes☐ No

## 3. Service Type

☐ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

## 4. Restricted Delivery? (Extra Fee)

☐ Yes

Domestic Return Receipt

102595-02-M-1540